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CONFIRMATION NO. 1249

Bib Data Sheet

SERIAL NUMBER 10/081,710	FILING DATE 02/20/2002 RULE	CLASS 717	GROUP ART UNIT 2193	ATTORNEY DOCKET NO. 064751.0329
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/270,148 02/21/2001

Yes, MPF

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

No, MPF

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/21/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	9	22	3
Verified and Acknowledged	Examiner's Signature Initials				

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## TITLE

Peer review evaluation tool

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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